## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	5-12-13	Address:	7430 ROCKVILLE ROAD
Incident #: 13ISPC004717 INDIANAPOLIS, IN 46217		DLIS, IN 46217	
<b>County</b> :	MARION		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
<ul> <li>☐ Operational Lab</li> <li>☐ Chemical/Glassware/Equipment (only)</li> <li>☐ Dumpsite (only)</li> </ul>		Residence Outbuilding Vehicle	<ul><li>☐ Hotel/Motel</li><li>☑ Open – No Structure</li><li>☐ Other:</li></ul>
(check all that	Location (bedroom, kitchen, open air, eapply) Birch Reaction(s):	<u>tc)</u>	
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s):			
Flammable Solvents: OPEN AIR (PARKING LOT)			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid: OPEN AIR (PARKING LOT)			
Corrosive Base: OPEN AIR (PARKING LOT)			
Other (iter	m and location):		
Vehicle Infor	mation:		
Owner: VIN: Year:		Make: Model:	
Yes No	age 18 discovered (check appropriate) _ (number present) ot present but evidence they reside	unclean Estimated ler occurring:	tions of home: clean disarray
This report has been faxed* or emailed to the following agencies that serve the location:			
Health Depart	ent City, Township or County <u>WAYN</u> ment County: <u>MARION COUNTY</u> f Child Services Hotline: <u>dcshotlinere</u>	Fax:	<u>317-221-2288</u>

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: MIKE MCCREARY Phone 317-899-8577

<sup>\*</sup>This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.